

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155089		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/10/2015	
NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF NEW CASTLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1023 N 20TH ST NEW CASTLE, IN 47362			
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/10/15</p> <p>Facility Number: 000035 Provider Number: 155089 AIM Number: 100266250</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Heritage House of New Castle was found not compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in</p>		K 0000	<p>Preparation and/or execution of This Plan Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Heritage House of New Castle of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/are executed solely because of provisions of federal and/or state laws. Heritage House desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective is September 9, 2015.</p> <p>This building respectfully requests consideration for paper compliance from the Plan of Correction</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0021 SS=E Bldg. 01	<p>all resident rooms. The facility has a capacity of 95 and had a census of 64 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except the two detached wooden storage sheds and the closet located in the Bookkeepers office.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 doors to hazardous areas such as the laundry would was not prevented from self closing into its frame and resist the passage of smoke. This deficiency could affect 10 residents on northeast hall as well as visitors and staff.</p>		K 0021	<p>The Heritage House will continue to ensure that all that all doors to hazardous areas are not prevented from self-closing and can resist the passage of smoke.</p> <p>Maintenance Director/Designee has removed all door stops mentioned and education provided to current employees/new hires that door stops or other items that will</p>		09/09/2015	

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K 0038 SS=E Bldg. 01	<p>Findings include:</p> <p>Based on observation on 08/10/15 at 1:45 p.m. with the Maintenance Supervisor, the door which separates the laundry from the service corridor which is adjacent to northeast hall was equipped with a self closing device, but was prevented from closing with the use of a rubber doorstop. Based on interview on 08/10/15 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned laundry door was held open with a doorstop.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure 3 of 6 restrooms observed were not equipped with slide bolts or a hook to latch the doors from the inside. This deficient practice could affect any resident as well as visitors and staff if the occupants were inaccessible when the doors were latched from the inside.</p>		K 0038	<p>prevent self-closing doors to resist the passage of Smoke will not be utilized. Ten residents on North Hall had the potential to be affected as well as visitors and staff. No additional residents/staff /visitors have the risk of being effective at this time.</p> <p>The Heritage House will continue to ensure that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 19.2.1</p> <p>All slide lock on facility restrooms has been removed to ensure proper evacuation in an emergency</p>		09/09/2015	

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K 0046 SS=E Bldg. 01	Findings include: Based on observations on 08/10/15 at 3:15 p.m. with the Maintenance Supervisor, the restroom in the Activities room on south hall and the public restroom on service hall had slide bolts on the inside of the door. The restroom in therapy located on service hall had a hook and islet inside the door. In either situation the doors could not be opened by staff to evacuate the occupants in an emergency. Based on interview concurrent with the observations it was acknowledged by the Maintenance Supervisor when the slide bolt locks or hook were engaged inside the aforementioned restrooms the occupant could be trapped inside if they required assistance from staff during an emergency and it was further stated it should be removed.		K 0046	situation. All residents/Staff/Visitors have the potential to be affected during walkthrough, No one has the potential to be affected after locks have been removed.		09/09/2015	
	3/1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1. 1. Based on record review and interview, the facility failed to provide documentation of a 90 minute functional test on all emergency lighting for 9 of 9			Facility will continue to monitor and ensure that emergency lighting of at least 1 ½ hour duration is provided in accordance with 7.9 19.2.9.1.			

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	<p>battery operated lights. NFPA 110, 5-3-1 requires lighting at the emergency generator. LSC Section 7.9.3 requires a functional test be conducted on every required emergency lighting system annually for not less than 1 1/2 hours. This deficient practice could affect all occupants in the facility including staff, visitors and residents if emergency battery powered lights were not available.</p> <p>Findings include:</p> <p>Based on Fire Safety Record review on 08/10/15 at 3:13 p.m. with the Maintenance Supervisor the facility tested the battery backup emergency lights throughout the facility monthly, and documented a thirty second test, but did not conduct an annual test for the past year. Based on interview on 08/10/15 at 3:15 p.m. with the Maintenance Supervisor it was acknowledged the battery backup emergency lights were checked monthly correctly for thirty seconds, but documentation for an annual test was not done.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 5 of 5 battery operated lights were maintained to provide emergency powered illumination.</p>		<p>Monthly Emergency lighting will continue to be conducted. A yearly 1/12 hour test will be documented and facility to complete by September 9, 2015. Contracted services to inspect emergency lighting system and repair for emergency backup lightening. Additional logs will be kept to document yearly 1 ½ lighting test. Monthly generator test will continue and emergency lighting to be monitored. Findings will be addressed immediately with Maintenance/Designee and finding brought to quarterly QA.</p> <p>This deficient practice could everyone in the building during an emergency situation if battery powered lights were not available.</p>				

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K 0050 SS=F Bldg. 01	<p>LSC 7-9.2 requires emergency lighting shall be provided for not less than 1 1/2 hours. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/10/15 during the tour between 1:39 p.m. to 2:55 p.m. with the Maintenance Supervisor the battery powered emergency lights located in the following locations did not illuminate when tested.</p> <ul style="list-style-type: none"> a. South nursing station b. Two in Main dining room c. Southeast hall d. North hall <p>Based on interview on 08/10/15 concurrent with observation with the Maintenance Supervisor it was confirmed the aforementioned battery powered emergency light did not illuminate when tested.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned</p>						

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	<p>only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 08/10/15 at 4:14 p.m. with the Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months, (07/2014 to 07/2015) indicated verification of the transmission of the signal was not documented. Based on interview concurrent with record review it was acknowledged the documentation of the transmission of the signal was not recorded.</p>	K 0050	<p>The Heritage House will continue to hold scheduled routine drills at unexpected times under varying conditions, at least quarterly on each shift. The facility will continue to educate staff to familiarize them with procedures and make them aware that drills are part of the established routine of the community.</p> <p>The facility will continue to conduct fire drills on various shifts as well as document the transmission of drills on when local fire department was contacted and drill confirmed as well as Safe Care (contracted services). Current and additional auditing tools will be put into effect by 9/9/2015 to record documentation of transmission of signal and simulation of emergency fire conditions.</p> <p>The deficient practice affects all staff and visitors. Monthly education and drills will remain in place with current/new employees.</p>		09/09/2015		

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K 0052 SS=E Bldg. 01	<p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 15 manual fire alarm boxes was unobstructed and readily accessible. NFPA 72, National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice could affect 10 residents on northeast hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/10/15 at 2:30 p.m. with the Maintenance Supervisor the manual fire alarm box located in the north Nursing station was blocked from access by a large file cart. Based on interview on 08/10/15 concurrent with the observation with the Maintenance Supervisor it was acknowledged the file cart was normally place in that location</p>			K 0052	<p>Heritage House will continue to provide a fire alarm system as required for life safety that is installed, tested and maintained in accordance with NFPA 70 National Electric Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA and 70 and 72.</p> <p>During the walk through it was noted that the alarm box at nurses station was blocked and file cart and could prevent access in an emergency situation.</p> <p>The practice could affect 10 out of 62 residents along with staff and visitors.</p>		09/09/2015

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K 0056 SS=E Bldg. 01	and would prevent access in an emergency. 3.1-19(b)		K 0056	A new file cart or different arrangement will be put in place to ensure the manual fire alarm boxes can be easily accessed at North Nurses Station. Completion date 9-9-2015.		09/09/2015	
	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 closets in the Bookkeepers office was provided with an automatic sprinkler head to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 10 residents on southeast hall as well as visitors or staff.</p> <p>Findings include:</p>			<p>The Heritage house will continue to ensure that the automatic sprinkler system is automatically installed in accordance with NFPA 13, Standard for the installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The System is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection</p>			

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K 0067 SS=F Bldg. 01	<p>Based on observation on 08/10/15 at 1:35 p.m. with the Maintenance Supervisor, the storage closet in the Bookkeepers office lacked sprinkler protection. Based on interview on 08/10/15 concurrent with the observation it was acknowledge by the Maintenance Supervisor, the closet had been installed in the past year and did not install a sprinkler head.</p> <p>3.1-19(b) 3.1-19(ff)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observations and interview, the facility failed to ensure 46 of 46 rooms were not using the corridor as a portion of a return air system/plenum for the heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a</p>			K 0067	<p>Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19 .3.5</p> <p>This practice could affect 10 residents on southeast side hall as well as visitors or staff.</p> <p>New sprinkler system will be quotes/installed in Bookkeepers office by contracted services by 9/9/2015.</p> <p>The Heritage House of New Castle respectfully requests a waiver for this finding. Smoke detectors are located in the areas identified in this finding. Activation of the fire alarm system will trigger relays that shut down the air handlers in these portions of the building. Once the air handler is closed, smoke will be prevented from transferring from</p>		09/09/2015

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K 0070 SS=E Bldg. 01	<p>portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect all residents as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation on 08/10/15 during a tour of the facility between 1:33 p.m. and 3:45 p.m. with the Maintenance Supervisor, all resident rooms located throughout the facility were using the egress corridors as a return air system. Based on interview on 08/10/15 concurrent with the observations with the Maintenance Supervisor, it was confirmed the return air was exhausted in the corridor for the aforementioned adjoining rooms.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 Based on observation, interview and record review, the facility failed to regulate the use of 2 of 2 portable space heaters observed in the facility. This</p>	K 0070	<p>one smoke zone to another.</p> <p>Modifications to the existing air handling system will pose a hardship for residents displaced during the installation process. The facility would also incur financial hardship for an estimated cost of \$47,500.00 conservatively to upgrade the air handling system to meet the requirement. The history of the facility reflects no incidents resulting from this finding.</p> <p>See Waiver request</p> <p>The heritage house will continue to ensure that space heaters are not used in residents or employee areas</p>		09/09/2015		

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K 0144 SS=F Bldg. 01	<p>deficient practice could affect 11 residents on northeast hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 08/10/15 during the tour between 1:30 p.m. to 3:45 p.m. with the Maintenance Supervisor, inside the Reception office adjacent to the front entrance and the Housekeeping office on Service hall which were both adjacent to northeast hall had one portable space heater each. Based on interview on 08/10/15 concurrent with the observations, it was acknowledged by the Maintenance Supervisor space heaters were not allowed in the facility.</p> <p>3.1-19(b)</p>		K 0144	<p>where the heating element of such devices do not exceed 212 degrees F.</p> <p>Based on observation a spaced heater was located in reception and Housekeeping offices. All space heaters have been removed from resident and employees areas effective 9/9/2015.</p> <p>This deficient practice could affect 11 residents along with visitors and staff. No residents or visitors at risk after removal of portable heaters in facility effective 9/9/2015.</p>		09/09/2015	
	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard</p>			<p>The heritage house will continue to ensure that all generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>			

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	<p>for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 08/10/15 at 3:56 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was documented to be greater than ten seconds. Based on interview on 08/10/15 at 3:57 p.m. with the Maintenance Supervisor it was acknowledged the facility was unaware the time to transfer load was required to be within ten seconds.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview,</p>		<p>This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure. There were no resident/visitors/staff effective negative by this issue.</p> <p>Contracted services inspected equipment on 8/18/2015. Safecare to quote and service generator to restore operations within 10 seconds and not less than 30% of EPS Nameplate rating after interruption of normal power.</p> <p>Maintenance Director/Designee will inspect generator weekly and exercise under load for 30 min per month and keep written record of capability of automatically restore of normal power. All testing and findings to be documented and brought to quarterly QA. Generator also to be placed on additional routine yearly schedule by contracted services. Completion date of 9/9/2015.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155089		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/10/2015	
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	<p>the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Generator System</p>						

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K 0147 SS=E Bldg. 01	<p>Testing records and Maintenance logs on 08/10/15 at 4:04 p.m. with the Maintenance Supervisor, the amperage during load could not be verified to be at thirty percent of the EPS nameplate rating and no other method was used to document monthly load for the past twelve months. Based on interview on 08/10/15 concurrent with record review with the Maintenance Supervisor, it was acknowledged the facility had been running the generator monthly but did not document it to be at 30 percent and no other equivalent method was used to comply with percentage of load capacity for the past twelve months.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 10 surge protectors observed including extension cords, non-fused extension cords and/or multiplug adapters were not used to power medical appliances. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a</p>			K 0147	<p>The heritage house will continue to ensure that all generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure. There were no resident/visitors/staff effective negative by this issue.</p>		09/09/2015

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	<p>substitute for fixed wiring of a structure. This deficient practice could affect 10 residents on northwest hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/10/15 at 2:10 p.m. a surge protector was used to provide power to a resident bed in resident room 17. Based on interview on 08/10/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, a surge protector was used to provide power to the aforementioned electrical appliance.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 4 electrical junction boxes observed in the Ice machine room was maintained in a safe operating condition. LSC 19.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. This deficient practice could affect 11 residents on northeast hall as well as visitors and staff.</p> <p>Findings include:</p>				<p>Contracted services inspected equipment on 8/18/2015. Safecare to quote and service generator to restore operations within 10 seconds and not less than 30% of EPS Nameplate rating after interruption of normal power. Maintenance Director/Designee will inspect generator weekly and exercise under load for 30 min per month and keep written record of capability of automatically restore of normal power. All testing and findings to be documented and brought to quarterly QA. Generator also to be placed on additional routine yearly schedule by contracted services. Completion date of 9/9/2015.</p>		

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	<p>Based on observation on 08/10/15 at 2:15 p.m., with the Maintenance Supervisor a two gang electrical junction box used to power the ice machine in the Time clock room on center hall had three burnt out outlets and the ice machine was utilizing the only single viable outlet available. Based on interview with the Maintenance supervisor on 08/10/15 at 3:00 p.m., it was acknowledged the two gang electrical junction box with three burnt outlets was being used to power the ice machine and the facility had no explanation why the three outlets had burnt.</p> <p>3.1-19(b)</p>						